

# **PERMIT APPLICATION REVIEW FORM**

Review Requested by:	<u>Allen Gaither</u>
Date Requested:	<u>11/4/2015</u>
Facility Name and Permit ID	<u>Clay County Transfer Station, 2202T-TRANSFER-1997</u>
Applicant (Owner) Name	<u>Clay County</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" type="checkbox"/> (2)b. Amendment – Renewal/Review <input checked="" type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> ) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>N/A</u>
Permit Fee	<u>\$3,000</u>
Date Application Received	<u>11/2/2015</u>
Contact Name, Title & Phone #	<u>Mr. Billy Chastain, Solid Waste Supervisor, (828) 389-6197-9133</u>
Email Address	<u>clayco.solidwaste@claync.org</u>
Company	<u>Clay County</u>
911 Address	<u>1160 Hinton Center Road</u>
Mailing Address	<u>P.O. Box 118</u>
City/State/Zip	<u>Hayesville, NC 28904</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other known names business has operated under	<u>N/A</u>
Known Counties of Operation	<u>Clay County</u>
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>MSWLF, TS</u> Permit #: <u>22-01, 02</u>
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	

KEVIN SHEHAN  
 SHAHEEN - NEW SUPERVISOR

## PERMIT APPLICATION REVIEW TRACKING

### Clock Start

Date Application Received	11/2/15
Application ID #	SW 615-0095

### Review Form Submission

Date Application Review Form Submitted	11/4/15
Submitted to Accounting Tech	Yes <input checked="" type="checkbox"/>
Submitted to Compliance Officer	Yes <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>

### Accounting Clock

Invoice Date	11/12/15	# of Days
Deposit Date	11/24/15	12

### CHR Clock

CHR Complete	Yes <input checked="" type="checkbox"/>	6/7/16
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### Application Review Clock

Completeness Determination Letter - Incomplete		
Completeness Determination Letter - Complete	12/9/15	37
Engineering Technical Review Letter #1		# of Days
Engineering Technical Review Response #1		
Engineering Technical Review Letter #2		# of Days
Engineering Technical Review Response #2		
Hydro Technical Review Letter #1		# of Days
Hydro Technical Review Response #1		
Hydro Technical Review Letter #2		# of Days
Hydro Technical Review Response #2		
Draft Permit		
Permit to Construct Issued		
CQA Received		# of Days
CQA Reviewed		
Permit to Operate Issued	6/9/16	220